

# Individual

## Demographic Reporting Form

Positive Alternatives

Date: 10-1 to 12-31-15 Grantee Name Helping Hand Pregnancy Center

### 1. Client Age Range:

Under 15	15-17	18-19	20-24	25-29	30-34	35+	Unknown age
1	2	4	18	11	3		

### 2. Client Pregnancy Status:

1st Trimester	2nd Trimester	3rd Trimester	Post-partum	Pregnancy Status Unknown
4	8	4	23	0

### 3. Client Marital Status:

Married	Not Married	Marital Status Unknown
9	30	

### 4. Client Race:

Race: White	Race: African American	Race: African-American	Race: American Indian	Race: Asian Pacific	Race: Other/ Multi Race	Race: Unknown
6	2	0	1	3	27	

### 5. Client Ethnicity:

Hispanic Ethnicity: Yes	Hispanic Ethnicity: No	Ethnicity: Unknown
27	12	